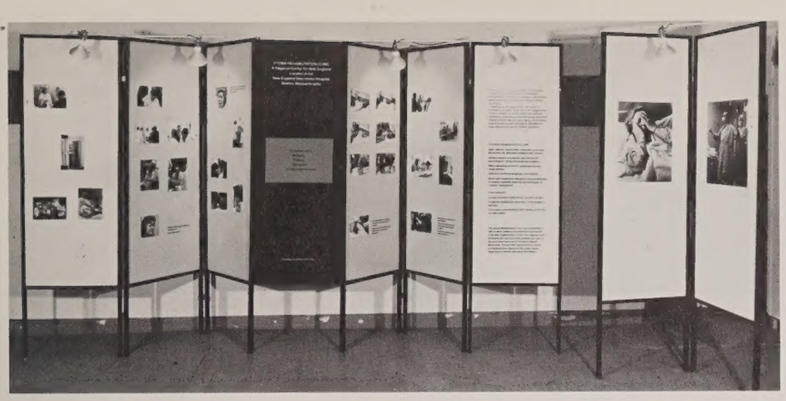

New England Deaconess Hospital
Boston, Massachusetts

pulse

VOLUME 23 — NUMBER 7 APRIL 1970

Teens Participate In Tri-School Project

Four Newton teens are participating in a Tri-School Project providing them with the valuable learning experience of working as volunteers at the Deaconess. All ninth graders from Weeks Junior High School in Newton, the four girls serve as volunteers in the Coffee Shop during school hours, and then report back to school.

Joan Disick volunteers on Tuesday from 10:30 a.m. - 12. She is an avid sportswoman with interests in skiing and baseball. A member of her Temple Youth Group, she has little idle time between babysitting, sports, and writing poetry on the side.

Music is Barbara Cain's main interest. In addition to playing the guitar, piano, recorder, clarinet, and singing, she also was producer of the school opera *Faust*. She enjoys tennis and swimming.

Don't be surprised if you find Barbara Jonasson volunteering in the Coffee Shop five times a week. She still has time for all sports — especially baseball — drawing, and babysitting.

Nancy Ruden volunteers on weekends and spends her after-school hours babysitting. She is active in Rainbow Girls and C.Y.O. Her hobbies are swimming, tennis, painting, collecting stamps, and playing the piano.

Summer is just around the corner. The call is out for children of employees at the Deaconess to spend their summer vacation as Hospital volunteers. Students from age 14 in junior high, high school and college are needed to work this summer in a variety of interesting jobs within the Hospital. For further information call Mrs. Irma Kellner, Director of Volunteers at the Deaconess, Ext. 335, between 9:30 a.m. and 4 p.m., Monday through Friday.

Student volunteers, Joan Disick, Barbara Cain, Barbara Jonasson, and Nancy Ruden, take a break from their duties in the Coffee Shop.

Staff Members To Attend Cancer Congress

The Cancer Research Institute and the New England Deaconess Hospital will be well represented by three staff members attending the 10th International Cancer Congress of the International Union Against Cancer in Houston, Texas, from May 22 to May 29.

The International Union Against Cancer is a non-governmental voluntary organization dedicated to the international control of cancer through research, therapy and prevention. Members represent seventy nations and include the Cancer Research Institute of the Deaconess, and nine other organizations and institutions concerned with the fight against cancer throughout the United States.

Prior to the Cancer Congress, beginning May 19, the General Assembly of the Union will meet in Houston. Three delegates from each member organization throughout the world will meet. The delegates from the Deaconess will be Dr. Shields Warren, Scientific Director Emeritus of the Cancer Research Institute, Dr. W. Bradford Patterson, Cancer Training Coordinator, and Dr. John L. Rowbotham, Medical Director of the Stoma Rehabilitation Clinic.

The American Association of Cancer Institutes, of which the Cancer Research Institute is also a member, will meet in Houston at the same time, and will host a reception for cancer institute directors from foreign nations.

The Deaconess Hospital will also present exhibits at the Cancer Congress, one from the Stoma Rehabilitation Clinic, staffed by Mrs. Edith Lenneberg, the other from the Cancer Training Program, manned by Dr. Patterson, Dr. Laurence P. Cloud, and Miss Pat Hitchens.

The Stoma Clinic exhibit (left) depicts, with black and white photographs, the progress of a patient through the Clinic. A Kodachrome slide show is incorporated in the exhibit and illustrates with text and pictures the nature of ostomy surgery, the patients' potential for complete recovery, and the role of community resources in the rehabilitation process.

The purpose of the Cancer Training Program's exhibit is to spread the word about televised medical education to the participants of the Congress. Their booth will demonstrate the portable television system in operation here at the Deaconess. In one section of the booth, videotapes made here will be played back continuously. On the other side of the display, a camera and videotape recorder will be available for visitors to try out the TV for themselves and get a first hand idea of the medium's capabilities. The backdrop of the booth will show photographs of the Deaconess' equipment and team "on location" here at home.

PROFILE: Ray Dix

Ray helps Mrs. Eleanor Clapp, Secretary to Mr. R. D. Lowry, from the station wagon following a hospital errand.

A harmonious blend of popularity, patience, and dependability makes up the personality of Ray Dix, chauffeur for the New England Deaconess Hospital, whose courteous manner and willing spirit are well known throughout the hospital.

Ray owes much of his strong character to his mother who was a firm disciplinarian. He was born in Lake City, Florida, where he lived until he was 8 years old. The family then moved to Pontiac, Michigan where Ray later attended General Motors School for Mechanics. Before long he was back in Florida, but this time in Jacksonville as a diesel repairman.

It was just after World War II that Ray found his way to Boston and became chauffeur for the President of Plymouth Rubber Company, a job that lasted six years. He served as chauffeur for President John Conant of Harvard University, who upon his transfer to Germany asked Ray to go along. Ray's reply was, "No thanks. I don't speak German." Then followed a period of serving 14 to 15 hours a day as chauffeur to a prominent physician in Boston with only one week of vacation a year. It was during that welcome and urgently needed vacation in 1953 that Ray answered an ad for a chauffeur at the Deaconess.

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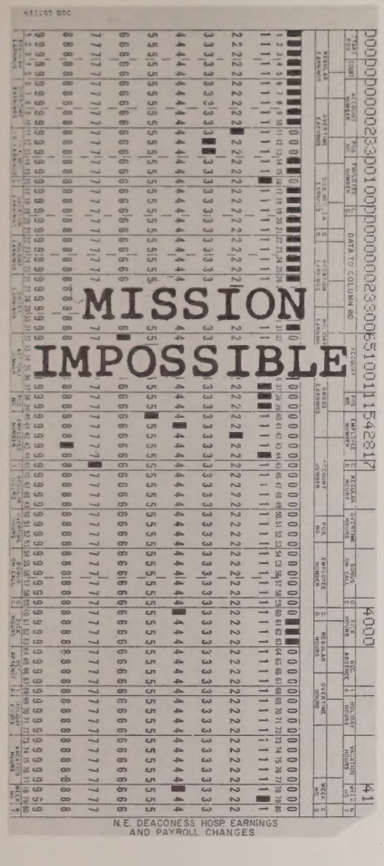
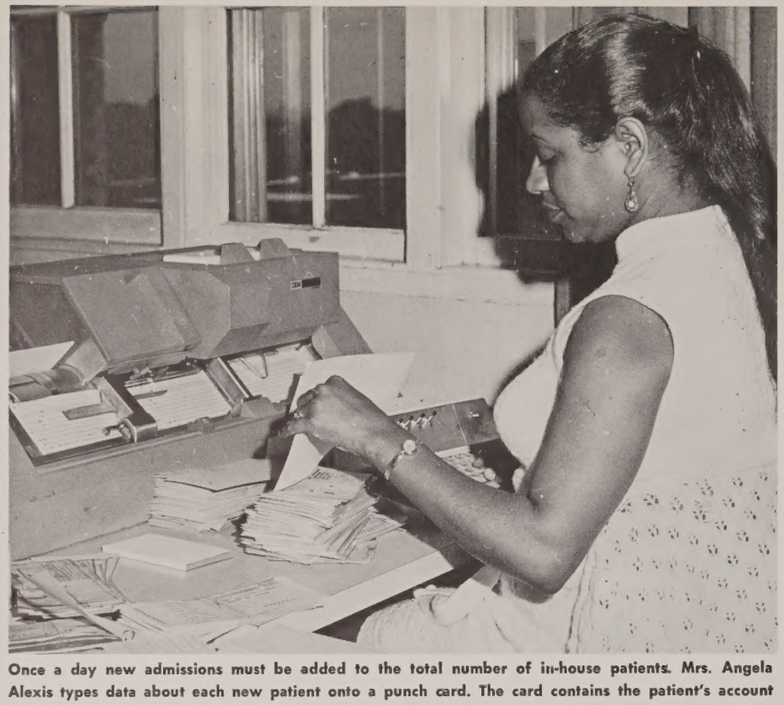




Once a day new admissions must be added to the total number of in-house patients. Mrs. Angela Alexis types data about each new patient onto a punch card. The card contains the patient's account number, name, address, age, insurance, accommodation, location, doctor, surgical or medical designation, and room rate.

Computer operator Dick Mitchell inserts
patients to date.

System 360 System 360 System 360 System 360

Your mission — should you decide to accept it — is to disengage the IBM 1401 computer located in the Data Processing Department and install the new IBM 360 with no interruption in the daily programming schedule. The change-over must be smooth, fast and undetected by hospital employees.

The conversion to the IBM 360 began last December when the new computer moved into Data Processing — bumper to bumper with the 1401. Before the 360 could process data stored on 1401 disk packs, this data had to be moved and translated to packs the 360 could recognize, without losing or changing any of the existing information. Even with data recognizable to the 360, programs compiled for the 1401 could not be understood by the new machine. The new computer uses a different language of commands, and so the Systems and Programming Department began the tedious task of rewriting — or converting — all programs to 360 conversation. When the department fully understood how to operate the new computer, the 1401 back-up computer was sent back to IBM. The mission was accomplished with no interruption in scheduling speed and efficiency. The entire dpartment deserves a pat on the back for a job well done.

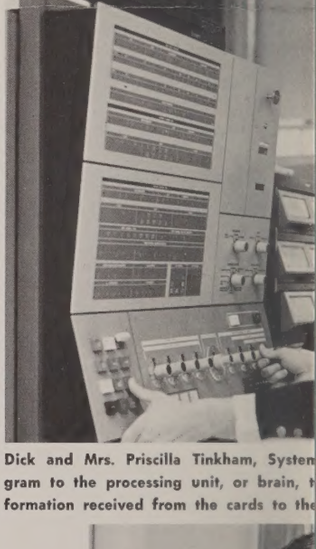
The new 360 has several advantages over the old 1401. Speed is the main factor. The 360 reads 800 cards containing data per minute, while the print-out prints the computed data at a rate of 1100 lines per minute, twice as fast as the 1401. Now it is possible to run two programs through the computer at the same time. While the brain is processing one program, it can direct the printing of another. There is less manual labor in store for the operator, because several programs can be lined up at one time requiring no effort between each program.

Although the 360 performs approximately 125 programs a week on a 16-hour basis, its future use at the Deaconess is limitless. In addition to providing statistical and accounting reports, payroll, patient billing, payment of hospital bills, inventory and maintaining an accounts receivable file, the 360 could be tied in to each patient floor in the hospital.

Information can be fed directly from the nurses' station into the brain, eliminating the keypunching and requisitioning steps. The out-put can be flashed over television screens or electronically typed over typewriters set up at each station. If the computer is utilized by the laboratories, it can produce log sheets, work sheets, request and report test results, thus freeing the technician from clerical chores. The future predicts that the 360 will also be used to calculate diets, provide a personnel information bank, forecast and schedule beds and assist many departments now bogged down with clerical and analytical work.

The keypunched cards, representing new admissions, are fed into the reader which transmits the information into the brain.

The new data that has been processed through the brain and recorded on the disk is also printed on the print-out.



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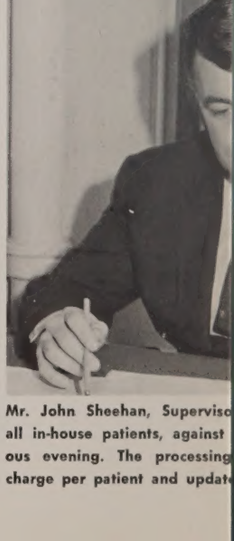

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Dick and Mrs. Priscilla Tinkham, Systems and Planning Manager, call in a program to the processing unit, or brain, thus giving the order to add the new information received from the cards to the existing disk of in-house patients.

Mr. John Sheehan, Supervisor, checks the print-out, which lists all in-house patients, against the physical count taken the previous evening. The processing unit has added one day's room charge per patient and updated the total hospital income.

Twenty-three years ago Mabel Hensley underwent surgery for the removal of her large intestine. She was fitted to an appliance of the very latest design and sent on her way. The appliance leaked causing the skin around Mabel's ileostomy opening to become irritated and sore. Frequently her clothes were stained. Mabel was determined not to let this untidy nuisance stand in the way of work or travel — and so she persevered for twenty-three years. But now the company that had faithfully supplied her with an appliance for so many years had ceased operations. What was she to do?

George and Alice had been happy as clams before George was operated on for diverticulitis resulting in a colostomy. Now they fought over the grocery bill, what color to paint the house, and where to go on vacation. The real problem was George's colostomy. It smelled. Alice was repulsed. George was disgusted with himself. He couldn't face his co-workers at the shop anymore. He turned into a recluse, seldom leaving the confines of the house. Alice was desperate. Where could she get help?

The Stoma Rehabilitation Clinic Returns Patients to a Normal Way of Life

The Stoma Rehabilitation Clinic at the New England Deaconess Hospital is the answer. The clinic, the first of its kind anywhere, with its specialized staff of doctors, nurses and social workers offers patients from the New England area a unique program of care and vital information on various aspects of life with a stoma.

A stoma, sometimes called an ostomy, is an end opening of the small or large bowel on the abdomen. It is usually made when disease or congenital problems made it necessary to remove part of the intestine and, in so doing, cause it to lack continuity. Stoma care presents many difficult adjustments, all evolving around the discharge of bodily wastes. Failure to cope successfully with stoma devices, appliances, eating and physical activity may subject one to isolation from family and friends and can alter one's entire existence.

Colostomies are the most common type and are employed for tumors, cancers, diverticulitis and other conditions present in the colon. Ileostomies are made for diseases like ulcerative colitis and familial polyposis, when the entire large intestine has to be removed. Ileal conduits are substitutes for urinary bladders which do not function because of disease or congenital abnormality.

Under the directorship of Dr. John L. Rowbotham, the Stoma Rehabilitation Clinic offers patients and their families help with practical problems, emotional difficulties, and medical problems in daily living. When Mabel Hensley was referred to the clinic by her physician she was greeted by Mrs. Edith Lenneberg, Clinic Coordinator and Enterostomal Therapist, and examined by Dr. Rowbotham. They discussed with her the modern methods available today for taking care of her ileostomy. She was given medication for healing the irritated skin around the stoma. Much to her amazement she received a modern appliance that neither leaked nor soiled her clothes. As she left the clinic, she sighed, "I haven't felt this comfortable since I had the operation."

When George's family doctor finally convinced him to visit the clinic, Alice went along too. George learned how to combat the odor problem with medication. He picked up helpful hints about deodorant and antiseptic solutions to use when cleansing the pouch, and learned that avoidance of certain foods, differing with the individual, might eliminate the worrisome odors. The immediate problem was solved, but what about the spats with Alice?

George's surgeon performed the colostomy. To him the operation was routine. But, he was unaware of the emotional problems George was encountering following surgery.

The Stoma Clinic served its purpose. Its major goal is to help the ostomy patient return to his former life style. Although George's operation had been over a year ago, he had not returned to work. Because there was no physical reason for him not to work, the clinic personnel encouraged him to go back to his old job. When Alice understood that her husband's colostomy was not a disease but needed attention just as do teeth, the spark began to return to their marriage.

The Clinic helped George adjust to his colostomy in three ways. The doctor and stomal therapist diagnosed George's problems even though they were often masked. The odor problem he experienced had repulsed Alice, and consequently little affection was passed between them. This problem was easily solved, but it took several meetings before George and Alice understood how the colostomy functioned. Alice's lack of understanding of the colostomy had caused her to react to him with pity — which in turn made George feel as if there were no hope for him. With some explanations, the clinic doctors were able to help both Alice and George relate to their problems and face them realistically and with confidence, realizing that life with a stoma can be perfectly normal.

The second task of the clinic personnel was to explore extensively George's total life situation so that diagnosis can be realistically executed. George required long periods of time in the bathroom to irrigate his colostomy. For instance, with three daughters who demanded equal time for washing hair and leisurely baths, the bathroom often was not available when he needed it. A household schedule was set up to allow father complete privacy. George had been an avid tennis buff before his operation, but now seldom picked up his racket. With a little coaxing, he realized he was able to return to his old pastime and attack it with confidence.

The Clinic was most valuable to him in a third way. He was able to sit across from a person who understood the embarrassment and discomfort he suffered. It gave him a feeling of relief to confide in someone who took his colostomy for granted. Help for George did not end with a few visits to the Stoma Clinic. He was referred to a local group of **The United Ostomy Association** — a mutual aid organization whose members are stoma patients.

The Stoma Rehabilitation Clinic gave George the knowledge and confidence he needed to pursue his personal goals and aspirations. "It's not easy at first," he confided, "and it's then that you think you'll never adjust, or get rid of the voice that keeps reminding you of how different you are now. But there are people who care — people here at the Clinic who eased the physical discomfort and the tormenting thoughts shared by others like myself. In a few visits, I learned that they had seen my problems dozens of time before."

The Clinic often makes referrals to the Massachusetts Rehabilitation Commission, to a family counselling agency, and to Visiting Nurse Organizations.

Education and modern techniques of stoma care can make the lives of today's colostomy or ileostomy patients both healthy and active. New England Deaconess Hospital's Stoma Rehabilitation Clinic can offer the necessary aid, if patients are aware of its existence and of its ability to help. This Clinic's success is that of its patient's learning that they are capable of living a normal life.

Can You Detect A Counterfeit Bill?

Deaconess employees who attended the training event on *The Identification of Counterfeit Currency,* April 7, learned that there is no magic formula for detecting counterfeit money — a good eye and a sixth sense are your only resources.

In his talk to employees whose positions require the handling of money, Mr. Daniel J. Sullivan, a member of the staff of the National Shawmut Bank, pointed out what flaws to look for when a counterfeit bill is suspected. The face on a genuine bill has a life-like quality which makes it stand out from the background. If the face does not stand out, the eyes are dull, and the fine lines of the hair are not distinct, the bill may be a fake.

The seal on the front of the bill, which encloses a large letter of the alphabet, must be sharp black in color. If the color is faded and the saw-tooth border indistinct, or the criss-cross lines forming a border around the bill are fuzzy, the bill may not be genuine.

Because the counterfeiter is more concerned with the appearance of the bill face-up, the back side may be a give-away for loss of detail or bad color.

Mr. Sullivan revealed that the expert counterfeiter is a professional who spends much time and money securing equipment that will do a near-perfect job. Engravers are seldom used to counterfeit bills today, since the photo copy machine has been developed. He explained that we are in an era of counterfeit $20 bills. Because of inflation the $5 and $10 bills are becoming less prevalent. Bills higher than $20 are less common because they arouse suspicion.

The counterfeiter has still one more barrier to overcome to "pass one over" on the cashier. The paper used to print genuine money is a superior grade of paper containing tiny blue and red threads. The formula for producing the paper is secret. An experienced cashier who handles money daily gradually acquires a sixth sense that will reveal counterfeit money by touch.

Mr. Daniel Sullivan points out the flaws in this counterfeit $10 bill to Miss Mary Mazzei, Volunteer.

If you identify a counterfeit bill, do not merely return it to the person who presented it to you. It must be handed over to the Secret Service Department. If the person escapes when you suspect the fake bill, an accurate description will help the Secret Service track down the counterfeiter.

Construction News

The Pharmacy Store closed its doors April 10 in preparation for a three to four week renovation period before the Friends of the Deaconess move their Gift Shop from across the Central Lobby corridor into the Pharmacy Store. Renovations include new lighting, cabinets, counters, and carpeting. The Flower Shop will also be incorporated into the new Gift Shop which will feature a wider range of gifts.

The Surgical areas on Central 5 have been bearing the brunt of the noise and dust resulting from extensive pipe and duct work required to service the new sixth floor. Ceilings in the Central 1 Administrative offices have been opened to permit installation of the air handling units that utilize the chilled water from the Harvard Power Plant to replace the window-unit air conditioners on Central 1, 2, and Baker 2. These floors will be fully air conditioned when the summer months arrive.

Adding to the noise and dust are the shifting of the service elevator's location in the basement, and the extension of the older Central passenger elevators.

PROFILE

(Continued from Page 1)

His account of the interview is this. "At that time Dr. Cook was in power and Mr. Lowry was assistant. I was met with approval from Dr. Cook, but at the end of the interview he said, 'but I am not the one you will have to please. You will have to go next door and talk with Mr. Lowry.' Mr. Lowry said if I was willing to try he'd give me all the help he could. Little did I know how much he'd give in the years to come." The Deaconess has become "like home" to Ray. He especially enjoys the spirit of friendliness and cooperation shown by everyone at the hospital, which we feel is in large part a reflection of the warmth and good will he initiates.

Ray's duties are many and varied. Each day starts with a mail pick up at Kenmore Square and then the "hassle" begins. He averages eight to ten runs a day including trips to the medical library, the post office, banks, stores, the blood bank, hospitals, and meetings of all kinds. He has had trips to Maine and New Hampshire on hospital business and in 17 years has received only one ticket. That was for parking 5 minutes overtime in front of the Boston Safe Deposit and Trust Company while he was securing a signature from Mr. Capper, Chairman of the Board. His most interesting trips are generally those for the Thrift Shop when someone decides to clean out her cellar or attic. (Usually when it rains or snows!) Ray says, "I get everything but the kitchen sink and I expect that on my next trip." Perhaps his most difficult assignment was to pick up a Stryker frame from another hospital. No matter which way he took hold there seemed to be six more ends sticking out in other directions. He'd grasp the bottom and the top would get away from him; he'd reach more to the left and the right would pop out of control. He began to suspect it was alive! Finally, after much struggle, he managed to get it all tied together and into the wagon, feeling very much like a lion tamer who had just locked his beast into his cage.

When Ray is not driving for the hospital, he enjoys listening to music, especially string guitar and piano. One of his favorite hobbies is taping concerts from both radio and television, and he also has taped many old 78 RPM first-cut records including Jo Stafford's "No Other Love" and Les Paul's "Kangaroo." All in all he has 80 tapes of original records. In addition to taping, Ray does all his own repairs on radios and tape recorders, and in fact, everything else in the 3-family house he owns in Roxbury. But without question, his greatest interest is in baseball, and while he is now an ardent fan of the Red Sox, he was a strong National League booster as long as the Braves were in Boston. Ray, himself, was a player for the minor league and for a time was their smallest player. What he lacked in power was made up in good bunting and speed. Being able to listen to ball games on the car radio during baseball season, Ray considers to be one of his fringe benefits.

And speaking of fringe benefits, we at the hospital appreciate Ray's presence as one of ours. His loyalty and devotion to the hospital and to "The Boss" are unsurpassed. Keeping his schedule running smoothly and free from conflicts and overlapping can sometime become tricky. He hates to refuse anyone who needs his services and often regrets that he can only be in one place at any one time. That's Ray . . . the one and only . . . and we are thankful he's part of our team.

New England Deaconess Hospital
185 Pilgrim Road
Boston, Massachusetts 02215

pulse

The New England Deaconess Hospital Complex, including the Medical Office Building at One Ten Francis Street, Lahey and Overholt Thoracic Clinics, the Joslin Diabetes Foundation, Inc., the Cancer Research Institute and the Shields Warren Radiation Laboratory, is internationally known for diagnosis, treatment and research in general medicine, brain and chest surgery, cancer and diabetes.

PULSE is published monthly by the Public Relations Department of the New England Deaconess Hospital.

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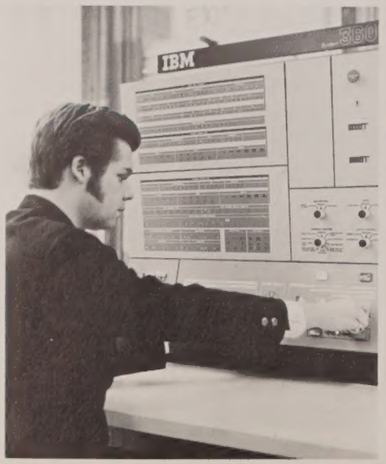
MISSION IMPOSSIBLE. The new IBM 360 is installed. See story and pictures on pages 2 and 3.